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APPLICANTS

Kerry W. Vandesteeg, Chagrin Falls, OH;

David A. Vasko, Macedonia, OH;

Joseph A. Lenner, Hudson, OH;Kenwood H. Hall, Hudson, OH;

** CONTINUING DATA *(Yes) S1*

This appln claims benefit of 60/171,439 12/22/1999

** FOREIGN APPLICATIONS *(None) S1*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>S1</i>	OH	12	19 17	2

ADDRESS

Rockwell Technologies LLC
Attention John J Horn
Patent Dept /704P Floor 8 T-29
1201 South Second Street
Milwaukee , WI
53204

TITLE

Network independent safety protocol for industrial controller

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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